



Chesterfield County Department of Parks and Recreation  
P. O. Box 40  
Chesterfield, VA 23832  
804-748-1623  
804-751-4131 Fax

## SPECIAL EVENTS PERMIT APPLICATION

Thank you for your interest in hosting a special event in Chesterfield County. The Department of Parks and Recreation is the designated agency that oversees the permitting of special events in parks and open spaces on County property. This application is the first step for an event request.

### WHAT SHOULD I DO?

Review, complete, sign and submit the application and all appropriate attachments. Please be aware of deadlines. Deadlines are firm, as there is a detailed process for review for all applications.

### WHEN IS MY APPLICATION DUE?

Applications are due AT LEAST 30 days prior to the event set-up date.

### WHAT ARE THE COSTS?

There may be fees for specific services depending on the nature of the event. County departments will notify you of any necessary fees. The Parks and Recreation Department may charge for additional services necessary, above and beyond customary services, in the preparation, implementation or clean-up for your event. Fees for such services start at \$20/hour.

### WHAT HAPPENS NEXT?

Once your application is received and processed, the Department of Parks and Recreation will contact you. Your application will be routed to various county departments to screen for compliance with county ordinances and policies.

The reviewing departments included representations from Police, Fire, Health Department, Building Inspection, Risk Management and others as deemed necessary. Applications will be given prompt feedback on all requirements pertaining to permits, licenses, fees and deadlines necessary for their events by the Parks and Recreation representative.

YOU are responsible for obtaining any additional permits or documentation from the other departments. Once in compliance with the requirements set out by the various departments your application will be approved by the Parks and Recreation representative. Finally, you may be required to submit a Certificate of Insurance naming the County of Chesterfield as an additional insured (this depends on the nature of your event).

No permits will be issued if these steps are not followed.

### INSURANCE INFORMATION

The County may require liability insurance coverage in the amount of \$1 million or as otherwise required by the County Risk Manager. Chesterfield County shall be named as an additional insured. A copy of the certificate of insurance is required from the applicant.

The County requires this insurance so that the taxpayers as a whole are not held responsible for accidents, damages or injuries caused by individuals or groups with exclusive use of a public facility. In addition, the insurance helps protect the event organizers from financial losses due to legal claims.



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<b>INDEMNIFICATION</b>	
Name of Event:	
Date of Event:	
<p>The applicant hereby applies for a Special Events Permit for the event described above and on any additional attachments. Permittee agrees to be responsible for and pay, indemnify and hold harmless, County, its officers/officials, agents, employees and volunteers against any and all loss, cost or expense, including reasonable attorneys' fees, resulting from any claim or legal action of any nature whatsoever that may arise against the County in connection with the event or in connection with any of the rights and privileges granted by County to licensee.</p>	
Signature of Applicant:	
Date:	
Name of Organization:	
<b>SITE MAP</b>	
<p>Please attach a site map and indicate any areas where you propose to erect any tents or other structures, and the locations that you will require vehicle access. Also indicate where you will have parking, bands, vendors, etc.</p> <p>Maps of most County sites can be found on the County Web site at <a href="http://www.chesterfield.gov">www.chesterfield.gov</a>. If you need help finding a map of your specific location, contact the Parks and Recreation representative that you are working with.</p> <p>Hand drawn maps are acceptable.</p>	
<b>OFFICE USE ONLY</b>	
P&R Representative:	Date Rec'd:
Insurance Rec'd: <input type="checkbox"/> Yes    Date:	Final Approval Given: <input type="checkbox"/> Yes
Risk Management: <input type="checkbox"/> Yes <input type="checkbox"/> No	Building Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Police: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire/EMS: <input type="checkbox"/> Yes <input type="checkbox"/> No
Health Department: <input type="checkbox"/> Yes <input type="checkbox"/> No	Planning: <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	
Comments:	



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APPLICANT INFORMATION – Applicant is the contact person or event organizer for the event			
Applicant's Name:		Date of birth:	
Organization:		E-mail:	
Address:		City, State, Zip:	
Phone:	Cell:	Fax	
Do you represent an organization with non-profit status? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list names and contact information of any additional principals involved in any way in the proposed event. Included all professional event organizers, promoters, sponsors, ect.			
1. _____			
2. _____			
3. _____			
EVENT INFORMATION			
Event Name:		Event Date:	
Event Location (Park/Address/Streets): Area of park to be used:			
This event is a...(check all that apply): <input type="checkbox"/> Picnic <input type="checkbox"/> Festival <input type="checkbox"/> Concert <input type="checkbox"/> Parade <input type="checkbox"/> Sporting Event <input type="checkbox"/> Other (specify) _____			
Setup Time: _____	Start Time: _____	End Time: _____	Breakdown Time: _____
Provide a brief outline of the nature of the activities you plan to present at the event:			
Please describe your inclement weather plans and list your rain date:			
How many total attendees are expected (participants and spectators)?			
How many times has this event been hosted before? _____ Is it annual? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will admission be charged for the event? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Have you visited the event site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>EQUIPMENT – Attach additional sheets if necessary</b>			
<input type="checkbox"/> This section does not apply to me. (Please continue to the next grey section.)			
<b>TENTS</b> – Please give an overview of your tent plan. List by usage code, number, and size. *If you are using any tents larger than 900 square feet, a building permit and inspection is required. You may contact Building Inspection at 748-1057.*			
Tent Usage Codes: <b>C</b> – cooking underneath, <b>S</b> – sale of food, merchandise, etc. <b>D</b> – displays, information, non-sales, <b>GA</b> – general assembly (requires floor plan showing exits)			
Code	# of Tents	Sizes	Supplier/Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
STAGES/BLEACHERS/PLATFORMS/GENERATORS/RIDES – If you are having any of these items at your event special permits may be required from the Building Inspector. Please contact them at 748-1057 to discuss these items. <b>If you have a ride, mechanical/non-mechanical or inflatable, the vendor must provide a certificate of insurance to Risk Management and Parks and Recreation.</b> Those can be faxed to Risk Management at 748-2440; P&R at 751-4131.			
Stage: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are the dimensions of the stage? _____ Who is your supplier? _____			
Bleachers/Platforms/Generators/Rides: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the items you are having at your event. _____ Who is your vendor? _____			
<b>SECURITY – Attach additional sheets if necessary</b>			
<input type="checkbox"/> This section does not apply to me. (Please continue to the next grey section.)			
Will you need Police for: <input type="checkbox"/> Security <input type="checkbox"/> Traffic <input type="checkbox"/> Crowd Control			
Start Time: _____ End Time: _____		<b>There is a cost associated with Police security detail. Call 748-1785 for more information.</b>	
<b>MEDICAL – Attach additional sheets if necessary</b>			
<input type="checkbox"/> This section does not apply to me. (Please continue to the next grey section.)			
Please describe your emergency/medical plan in detail: _____			
Will you need EMS personnel on site? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the type of assistance you will need. _____			



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**VENDOR INFORMATION – attach additional sheets if necessary**

A vendor is ANYONE who is serving, selling or sampling food, beverages or merchandise.

☐ This section does not apply to me. (Please continue to the next grey section.)

Food: Every food vendor must provide proof of proper insurance and meet the requirements of the Health Department and Fire Marshal. If there will be food sold or served to the public you must contact the Health Department at 748-1610.

Food will be (check all that apply): ☐ Served ☐ Sold ☐ Prepared outdoors ☐ Catered  
☐ Delivered from another location

What time will food vendors be setup and ready for inspection? \_\_\_\_\_

Please list the food vendors and menu items:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Non-food: each non-food/merchandise vendor must provide proof of proper insurance and meet the requirements of the Commissioner of Revenue's office and Fire Marshal including obtaining any licenses/permits required. **IF only display versus selling, this is not necessary.**

Please list each non-food vendor and purpose:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**RESTROOMS/WASTE DISPOSAL**

Costs associated with waste disposal are the sole responsibility of the event organizer.

Will you need more restrooms than are available at the site? ☐ Yes ☐ No  
Porta-Potties can be rented through Parks and Recreation for \$90 for the first, \$80 each additional. Only the Parks and Recreation vendor can be used on county property.

If yes, how many additional units will you need? \_\_\_\_\_ (Be sure to identify their placement on your site map)

**SOUND**

Will you have a band, DJ, PA or speaker system in outdoor open space? ☐ Yes ☐ No  
If yes, you must be in compliance with Chesterfield County Code, Article II, Section 3-13 which requires a permit from the Board of Supervisors or County Administrator to have music at an "entertainment festival" on county property. Contact the County Administrator's office at 748-1211 for more details. **Not required on Parks and Recreation operated property.**



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**PARKING**

Where will the event attendees/participants park? ☐ Facility Lots ☐ On Street Parking  
☐ Private Parking ☐ Satellite Parking ☐ Other

Will any vehicles require special parking (RVs, trailers, trucks, etc.)? ☐ Yes ☐ No  
If yes, please explain.

**SIGNS/BANNERS**

Will you put up any signs/banners along the roadway? ☐ Yes ☐ No  
If yes, you must contact the Planning Department to obtain a permit at 748-1050. All signs and banners must adhere to Chesterfield County sign ordinance found in 19-634 of the Chesterfield County code of ordinances.

**SPECIAL EVENTS PERMIT AGREEMENT**

1. All licenses and permits shall be obtained, and fees shall be paid at least two weeks prior to event.
2. If deemed necessary, a Certificate of Insurance in the amount of \$1 million must be supplied by the applicant, naming the County of Chesterfield as an additional insured.
3. County property shall not be removed from the premises. Premises shall be left in as good a condition as received. Applicant accepts responsibility for any damages that might occur during the period of use.
4. Applicant agrees to comply with all laws, rules and regulations of the federal, state and county governments governing operations and conduct on County property.
5. The facility/area is provided in an "as is" condition. The event organizer assumes all responsibility for the security and safety of all participants and spectators of the event.
6. Chesterfield County has no responsibility for equipment and/or items of personal property at the location at any time.

**I have read and understand the Special Events Permit Agreement terms and conditions and I agree to be bound by said terms and conditions. I certify that the information I provided is accurate to the best of my knowledge.**

Signature:

Date:

Print Name:

Print Organization Name:

**Please make a copy of this application for your records.**



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**Name of Event:**

**Date of Event:**

**Location:**

**Approvals:**

I am the Parks and Recreation representative, and based upon the above information the department is willing to further consider this Event Application. Please review and provide your recommendations, so that we may make a final determination regarding approval. Please post your comments in the area provided on this sheet concerning what stipulations were given to the application in order to receive final approval.

Printed Name:

Signature:

Date:

*If Needed:*

Risk Management – Phone: 318-8800, Fax: 748-2440

Comments:

Approved: ☐ Yes ☐ No

Signature:

Date:

Building Inspection – Phone: 748-1057, Fax: 751-4713

Comments:

Approved: ☐ Yes ☐ No

Signature:

Date:

Police – Phone: 748-1785, Fax: 748-6265

Comments:

Approved: ☐ Yes ☐ No

Signature:

Date:



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Fire/EMS – Phone: 748-6838, Fax: 768-8766

Comments:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date:

Health Department: Phone: 748-1696, Fax: 751-4497

Comments:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date:

Planning Department: Phone: 748-1050, Fax: 717-6295

Comments:	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature:	Date: